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EXAMINER

COVER LETTER

Division of C			
SUBJECT:	SUMMIT PRO	OPERTY PARTNERS	S, LLC
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
4	ELLIOT	LEE BRESSLOER	
		Name of Person	
	LAW OFFICE o	f ELLIOT LEE BRESSLO	DER 950-7
		Firm/Company	2
	0070 N FFF	ACDAL INCUINANT HEAT	ć
 	62/8 N. FEL	DERAL HIGHWAY, #501	
		Address	
	FT. LAU	DERDALE, FL 33308	
		y/State and Zip Code	
	Law Office of	Elliot Bressloer@yahoo.	com
		for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
Elliot	L. Bressloer	at (954)	696-4377
Name	of Person	Area Code & Daytime Te	lephone Number
<u></u>	or the following amount:	\$155.00 Filing Fee & [\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addres Registration Section	<u>s</u>

3 - - - - - 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SUMMIT PROPERTY P (Must end with the words "Limited Liabilit		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Summit Property Partners, LLC 115 Robert St. New Smyrna Beach, FL 32168	Summit Property Partners, LLC 115 Robert St. New Smyrna Beach, FL 32168	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re ELLIOT L. BRE	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another	
Name	SOLUER OF WAR	
Florida street address (P.O. I Ft. Laud., FL 33308	Sox NOT acceptable)	
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	BRUCE D. MANNE
	1531 Oak Forest Dr.
	Ormond Beach, FL 32174
MGRM	KEN LUCAS
	1533 Oak Forest Dr.
	Ormond Beach, FL 32174
MGRM	VINNIE OCCHIOGROSSO
	5 Foxhunter Flat
	Ormond Beach, FL 32174
	the date of filing: (OPTIONAL)
ffective date is listed, the date must days after the date of filing.)	t be specific and cannot be more than five business days p
days and the date of filling.)	
REQUIRED SIGNATURE:	
Signature of a men	nber of an authorized representative of a member.
(In accordance with of this document of that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury herein are true.)
E	ELLIOT LEE BRESSLOER
	Typed or printed name of signee
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)